

DO/EO WORKSHEET

Paralegal National Stage Division

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<input type="checkbox"/> Article 19 Amendments	<input type="checkbox"/> PCT/ISA/110 - Search Report
<input type="checkbox"/> PCT/IB/331	<input type="checkbox"/> Search Report References
<input type="checkbox"/> PCT/IBA/409 IPER (PCT/IPEA/416 on front)	<input type="checkbox"/> PCT/IB/306 - Notification of a Change
<input type="checkbox"/> Annexes to 409 (Article 34 Amendment)	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Priority Document(s) No. 1	

RECEIPTS FROM THE APPLICANT:

<input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)	<input type="checkbox"/> Preliminary Amendment(s) Filed on: 1. _____ 2. _____ 3. _____
<input type="checkbox"/> Description	<input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on: 1. _____ 2. _____ 3. _____
<input checked="" type="checkbox"/> Claims	<input checked="" type="checkbox"/> Assignment Document (forwarded to Assignment Branch)
<input checked="" type="checkbox"/> Drawing Figure(s) - (# of dwgs. 8)	<input type="checkbox"/> Assignee PG Publication Notice
<input type="checkbox"/> Translation of Article 19 Amendments	<input type="checkbox"/> Substitute Specification Filed on: 1. _____ 2. _____
<input type="checkbox"/> entered <input type="checkbox"/> not entered: <input type="checkbox"/> not a page for page substitution <input type="checkbox"/> replaced by Article 34 Amendment	<input type="checkbox"/> Verified Small Status Statement (executed)
<input type="checkbox"/> Translation of Annexes to 409	<input checked="" type="checkbox"/> Oath/Declaration (executed) <input type="checkbox"/> surcharge was paid at the time of filing
<input type="checkbox"/> entered <input type="checkbox"/> not entered: <input type="checkbox"/> not a page for page substitution <input type="checkbox"/> other: _____	<input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Other: 1. _____
<input type="checkbox"/> Power of Attorney <input type="checkbox"/> Change of Address	<input type="checkbox"/> Other: 2. _____

NOTES: I.A. used as Specification Other: _____

15 U.S.C. 371 - Receipt of Request

14 Oct 04

Date Acceptable Oath/Declaration Received

Date of Completion of requirements under 35 U.S.C. 311(e)(1), (e)(2), and (e)(4)

Date of Completion of ALL requirements under 35 U.S.C. 371

Date of Completion of DO/EO 903 - Notification of Acceptance

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 909 - Notification of Abandonment

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